## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10-593,795

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |  |                                |                                       |                               |   | SMALL ENTITY TYPE   |                        | OR              | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|--|--------------------------------|---------------------------------------|-------------------------------|---|---------------------|------------------------|-----------------|----------------------------|------------------------|
| U.S.  | NATIONAL S                                     | STAGE FEES                                      | (Column  |                                | ()                                    | Column 2)                     | 1 | RATE                | FEE                    |                 | RATE                       | FEE                    |
| BAS   | IC FEE   |   | SMALL ENT. = \$ 150  |                                | LARG                                  | E ENT. = \$ 300               | 1 | BASIC FEE           |                        | OR              | BASIC FEE                  | 300                    |
| EXAI  | MINATION FEI                                   | E   | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                 |                                |                                       | er situations =               | 1 | EXAM. FEE           |                        |                 | EXAM. FEE                  | 200                    |
| SEAI  | RCH FEE  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                | ALL of                                | her situations = 250 / \$ 500 |   | SEARCH FEE          |                        |                 | SEARCH FEE                 | 400                    |
| FEE   | FOR EXTRA S                                    | PEC. PGS.                                       | minus 100 =  |                                |                                       | / 50 =                        | 1 | X \$ 125 =          |                        |                 | X \$ 250 =                 | <u> </u>               |
| тоти  | AL CHARGEAE                                    | BLE CLAIMS                                      | 19 mini  | us 20 =                        | *                                     |                               |   | X \$ 25 =           |                        | OR              | X \$ 50 =                  |                        |
| INDE  | EPENDENT CL                                    | AIMS ,  | 3 minus 3 = *  |                                |                                       |                               | 1 | X \$ 100 =          |                        | OR              | X \$ 200 =                 |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |  |                                |                                       |                               | 1 | + \$ 180 =          |                        | OR              | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                                |                                       |                               |   | TOTAL               |                        | OR              | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |  |                                |                                       |                               |   | SMALL E             | NTITY                  | OR <sup>.</sup> | OTHER<br>SMALL E           | •                      |
| ΑĻ  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY                          | PRESENT<br>EXTRA              |   | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus  | **                             |                                       | =                             |   | X \$ 25 =           |                        | OR              | X \$ 50 =                  |                        |
| AME   | Independent                                    | *   | Minus  | ***                            |                                       | =                             |   | X \$ 100 =          |                        | OR              | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                                       |                               |   | + \$ 180 =          |                        | OR              | + \$ 360 =                 |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |  |                                |                                       |                               |   | TOTAL ADDIT.        |                        | OR              | TOTAL ADDIT.               |                        |
| IDMENT B  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>BER<br>OUSLY                  | PRESENT<br>EXTRA              |   | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                             | · · · · · · · · · · · · · · · · · · · | =                             |   | X \$ 25 =           |                        | OR:             | X \$ 50 =                  |                        |
| AMENDM  | Independent                                    | *   | Minus  | ***                            |                                       | =                             |   | X \$ 100 =          |                        | OR              | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |                                       |                               |   | + \$ 180 =          |                        | OR              | + \$ 360 =                 |                        |
|   |  |   |  |                                |                                       |                               |   | TOTAL ADDIT.<br>FEE |                        | OR              | TOTAL ADDIT.<br>FEE        |                        |
|   |  |   |  |                                |                                       |                               |   |                     |                        |                 |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                                |                                       |                               |   |                     |                        |                 |                            |                        |